**EDITORIAL:**
**SOFTWARE SURVEY SECTION**

The purpose of the Software Survey Section in <u>CLINICAL HEMORHEOLOGY</u> is to
encourage the open exchange of information on software programs unique to our
professional field. With the rapid penetration of computers into academic and
industrial institutions has come a parallel increase in the number of
scientists and researchers designing their own software. The existence of much
of this software remains unknown to even those of us who could most benefit
from its use. We believe that it is of vital importance to our readers that
such information be made available. We believe also that a professional
journal is the best place to share such information. Your contribution would
be most welcome.

The questionnaire on the following pages is designed to assist you in reporting
on software that you may have developed or be in the process of developing. By
completing this form, your information will reach thousands of your colleagues
who may benefit from your work and may possibly offer suggestions for further
enhancements to your software. Please complete the enclosed form and return
it to:

Dr. Arpad Matrai
Klinik fur Physikalische Medizin
Universitat Munchen, Innenstadt
Ziemssemstr. 1
8000 Munchen 2, Germany GFR

We do not intend to review or comment on the contents of the questionnaire.
It will be published as is in order to expedite the information cycle
process. I would welcome any comments you may have.

THE EDITORS

NAME OF JOURNAL_____ **CLINICAL HEMORHEOLOGY**_____

**P E R G A M O N**
**SOFTWARE DESCRIPTION FORM**

Title of software package: _____

_____

_____

It Is:  [ ]Application program    [ ]Utility    [ ]Other_____

Specific area _____ (e.g. Thermodynamics, Inventory Control)

Software developed for [name of computer(s)] _____

in [language(s)] _____

to run under [operating system] _____

and is available in the following media:

[ ]  Floppy disk/diskette.  Specify:

    Size _____  Density _____    [ ]Single-sided   [ ]Dual-sided

[ ]  Magnetic tape.  Specify:

    Size _____  Density _____    Character set _____

Distributed by:_____

Minimum hardware configuration required: _____

Required memory: _____    User training required:  [ ]Yes  [ ]No

Documentation:  [ ]None  [ ]Minimal  [ ]Self-documenting
                [ ]Extensive external documentation

Source code available:  [ ]Yes   [ ]No

Level of development:  [ ]Design complete    [ ]Coding complete
    [ ]Fully operational    [ ]Collaboration would be welcomed

Is software being used currently?  [ ]Yes    [ ]No
    If yes, how long? _____    If yes, how many sites? _____

Contributor is available for user inquiries:  [ ]Yes    [ ]No

                                                    (continued)

RETURN COMPLETED FORM TO:

                    Dr. Arpad Matrai
              Klinik fur Physikalische Medizin
              Universitat Munchen, Innenstadt
                    Ziemssemstr. 1
                8000 Munchen 2, Germany GFR

Description of what software does [200 words]:

Potential users: _____

Fields of interest: _____

# # # # # # #

Name of contributor: _____

Institution: _____

Address: _____

_____

Telephone number:_____

# # # # # # #

Reference No. [Assigned by Journal Editor]_____

- - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - -
[The information below is not for publication.]
Would you like to have your program:
                        Reviewed?    [  ]Yes  [  ]No  [  ]Not at this time
        Marketed and distributed?    [  ]Yes  [  ]No  [  ]Not at this time


[This Software Description Form may be photocopied without permission]